



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

CHANGE OF NAME / ADDRESS / AGES CHECKLIST

PLEASE ATTACH:

- _____ **Address Change Form** (DPHHS-QAD/CCL-040A) (must be completed in full, signed, dated, and notarized)
- _____ **W-9 Tax ID Form** (Please submit 2 copies)
- _____ **Insurance Verification Form** (DPHHS-QAD/CCL-50A) Must be completed and signed by Insurance Agent
- _____ Current Public Liability Insurance _____ Current Fire Insurance
- _____ **Floor Plan / Square Footage Report** (DPHHS-QAD/CCL-045C)

Please remember that any new adults, individuals over the age of 18, living at the new address or new caregivers must submit the following:

- ❖ **Employee Cover Sheet** (DPHHS-QAD/CCL-020)
- ❖ **Release of information** (DPHHS-QAD/CCL-20A)
 - must be completed in full, signed, dated, and notarized
- ❖ **Statement of Health Form** (DPHHS-QAD/CCL-20B) (must be signed and dated)
- ❖ **Immunization Records**
 - Measles Mumps Rubella (copy of Rubella Titer only if born prior to 1957)
 - Tetanus Diphtheria (w/in last 10 years)
- ❖ **CURRENT Adult, Infant, & Child CPR Card** (check for current dates) (**Copies – front & back**)
 - CPR / First Aid Courses must be hands-on
 - Caregivers Only
- ❖ **CURRENT First Aid Card** (check for current dates) (**Copies – front & back**)
 - CPR / First Aid Courses must be hands-on
 - Caregivers Only

Return completed address change packet to your licensing worker.